



Project Communication Form

Client Name: _____

Project Name: _____

Project Number: _____

Project Manager: _____

Field Manager: _____

Phone: _____

Phone: _____

Email: _____

Email: _____

Sample Matrix:

- Ground Water Surface Water Soil Sediment Drinking water
- Air (Indoor Sub-slab Ambient)
- Other: _____

DKQP Analyses/Methods:

- VOC 8260C VOC 8260C SIM Pesticides 8081B PCBs 8082A PAH 8270D BN 8270D
- BNA 8270D BN/BNA/PAH 8270D SIM 524.2 TO-15 LLTO-15 TO-17
- NJDEP EPH 6010C Metals 6020A Metals Total CN 9010C Total CN 9012B
- Hex Chrome 7196A Mercury 7471B Mercury 7470A
- Other Tests: _____

TAT Required: _____

Standard: _____

Other: _____

Constituents of Concern: Please note any known or suspected contaminants in high concentrations or any non-standard analytes not contained in routine target lists (see notes).

Regulatory Criteria:

- Soil Remediation Standards (Residential Direct Contact);
- Soil Remediation Standards (Nonresidential Direct Contact);
- Default Impact to Ground Water Soil Screening Levels;
- Default Leachate Criteria for Class II Ground Water (SPLP);
- Class IIA Ground Water Quality Standards;
- Specific Ground Water Quality Criteria;
- Surface Water Quality Criteria;
- Maximum Contaminant Level (MCL) for State Regulated VOCs;
- Vapor Intrusion Ground Water Screening Level;
- Vapor Intrusion Residential Indoor Air Screening Level;
- Vapor Intrusion Nonresidential Indoor Air Screening Level;
- NJDEP Action Levels for Indoor Air;
- Vapor Intrusion NJ Department of Health Notification Level;
- Extractable Petroleum Hydrocarbons;
- Hexavalent Chromium Cleanup Criterion;
- Ecological Screening Criteria;
- Other: _____

Quality Control Requirements: Indicate if your project will have project-specific field quality control samples. Check all that apply. Also specify if special QA/QC site requirements exist: i.e., QAPP.

- Field Blank(s) Trip Blank(s) Sample Duplicate
- Matrix Spike Matrix Spike Duplicate Other Field QC
- Project QAPP (Send appropriate section(s) to lab)

Data Deliverables Requirements: Indicate the data deliverable type required:

- Full deliverables Reduced deliverables Paper copy included
- Excel spreadsheet HAZSITE TO-15 Unit Conversion Table
- Other: _____

Expected Sampling Date(s): Indicate expected number of sampling events or duration:

Total Number of Samples and Expected Sample Load per Day: (indicate number of each matrix if applicable):

Sample Pick Up:

- Office (address): _____
- Site (address): _____
- Other: _____

Special Instructions:

- Report TICs
- Project-specific analyte list
- Project-specific criteria
- Historically elevated concentrations of target analytes
- Multi-day sampling event

Notes:

There are standard target analytes for organic analysis. Refer to the methods for a list of specific compounds. If a contaminant of concern is not contained on the target list of a method, it is important that the laboratory know this prior to sampling. Prior notification will allow the laboratory to obtain standards and perform necessary instrument calibration to insure proper identification and quantification. **If requesting non-routine compounds that have no regulatory criteria, indicate required reporting limit for each compound.**